

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>	<i>6814</i>	<i>10/12/55</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>10/7/99</i>
FORMALITY REVIEW		<i>69652</i>	<i>10/14/99</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	10/00	03/01	09/01	01/01	01/02	01/03	08/03
1	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓	✓	✓
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11	✓	✓	✓	✓	✓	✓	✓	✓	✓
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49	✓	✓	✓	✓	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓	✓	✓	✓	✓

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet her